



[www.insightsoutside.com](http://www.insightsoutside.com) ~ 503.730.8903 ~ [teresa@insightsoutside.com](mailto:teresa@insightsoutside.com)

### Agreement for Working Together

1. Sessions will typically be 50 minutes in length, including time for payment and scheduling unless a longer appointment is requested and scheduled.
2. I agree to pay \$125 per hour session unless otherwise noted. I agree to pay at the time of service for my full session, (Lifewise/First Choice clients pay the co-payment only).
3. I am available by phone and email between sessions, if a crisis emerges. I will return all calls and emails as promptly as possible. You can expect a return call or email from me within normal business hours.
4. I understand I will be charged for emergency telephone consultations exceeding 10 min. at the hourly rate.
5. I understand that I will be charged my **full hourly fee** for sessions cancelled with less than **24 hours notice** in advance of my session. Exceptions to this policy are cases where sudden illness and legitimate emergencies occur. My insurance will not pay for missed session.
6. I agree to return any money owed to Teresa Field, LPC, LMFT received from my insurance company.
7. I understand that any money in excess of my bill will be returned to me from my insurance reimbursement.

I have read and agree to the following policies.

Signature:

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Printed Name:

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Date: \_\_\_\_\_